15031141968

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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1. NAME OF COMMITTEE (in fu	II)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER				
L. Zeld	in F	FOR, Cor	igness					
		<u> </u>	<u> </u>					
ADDRESS (number and	street)	47 Flin	HOCK DRIVE					
(Check if add is changed)	ress	<u> </u>	1 1 1 1 1 1 1 1 1					
		Shirley CITYA		STATE A ZIP CODE A				
COMMITTEE'S E-MAIL	ADDRESS							
(Check if add is changed)	ress	nmpem@aol.com						
	Option	nal Second E-Mail Ad	Idress					
	LL							
COMMITTEE'S WEB PA	AGE ADDRESS	(URL)						
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2. DATE 10	101	ao13						
3. FEC IDENTIFICAT	TION NUMBER	► C	graves almost according and consistence of					
4. IS THIS STATEMEN	NT 🙎 NE	EW (N) OR	AMENDED (A)					
I certify that I have exa	mined this State	ment and to the best	t of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of	Freasurer	Nancy 9	Hourks					
Signature of Treasurer	Mis	les Mail		Date 10 01 2013				
NOTE: Submission of fals			may subject the person signing ION SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.				
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530					

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TYPE OF CO	- · · · · · · · · · · · · · · · · · · ·							
Candidate	Committee:							
(a) X	This committee is a principal	pal campaig	n committe	e. (Compl	ete the candidate inf	formation below	<i>t.</i>)	
(b)	This committee is an auth information below)	orized comr	nittee, and	is NOT a	principal campaign	committee (Co	mplete the cand	ıdate
Name of Candidate	Llec	M	2e/c	din				
Candidate		Office					State	44
Party Affiliation	n REP	Sought ⁻	Х но	use	Senate	President		\sim
•							District	91
(c)	This committee supports/o	pposes only	one candi	date, and	is NOT an authorize	ed committee		
Name of Candidate	. :						···	······································
Party Com	mittee:							
(d)	This committee is a		(Nationa		mmittee of the		(Democratic, Republican, et	c) Party
(0)	This committee is a		Or Gabor	andio, oc			riopabilidari, or	o., rany.
Political A	ction Committee (PAC	;) :						
(e)	This committee is a separ	ate segrega	ted fund. (k	dentify cor	nected organization	on line 6.) Its co	onnected organiz	etion is a
	Corporation			Corpora	tion w/o Capital Sto	ck	Labor Organ	ization
	Membership Orga	Trade Association				Cooperative		
	In addition,	this commit	tee is a Lob	byist/Regi	strapt PAC			
(f)	This committee supports/committee. (i.e., nonconnec			· Federal	candidate, and is NO	OT a separate	segregated fund	or party
	In addition, this cor	nmittee is a	Lobbyist/Re	egistrant P	AC			
	In addition, this cor	nmittee is a	Leadership	PAC (Ide	ntily sponsor on line	6)		,
Joint Fund	raising Representativ	e:						
(g)	This committee collects cor committees/organizations.							tical
(h)	This committee collects cor- committees/organizations, i		•			-	two or more polit	ical
Comi	mittees Participating in J	oint Fundr	aiser					
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2.	<u> </u>	-						
3.	. :				FEC ID nur	mber C		•
4.	1 :		!		FEC. ID nur	nber C		

		Page 3
Write or Type Committee Na	- 0	
	Zeldin for Congress	
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
1 1: 1::		:
11.1:,1:		
Mailing Address		
Maining Addition		
·		-
	CITY STATE	ZIP CODE
Detailementing Consequen	A William Donation - Laint Foundation - Donated	in landautic Bro Com
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Spon
 		
books and records.	dentify by name, address (phone number optional) and position of the pe	real in possession of commi
Full Name	Nancy Harks	
Mailing Address	47 Flintlack Drive	
	<u>Li.</u>	
	Shirley NY	1119671-1
Title or Position	CITY STATE	ZIP CODE
Title or Position		ZIP CODE 311-1721-190
Treasure	and address (phone number optional) of the treasurer of the committee.	311-1721-1190
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee, g., assistant treasurer).	311-1721-1190
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	311-1721-1190
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee, g., assistant treasurer).	311-1721-1190
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasurer of the committee, assistant treasurer). MCY Horks H1: FlinHock Deve	311-[112]-[190] and the name and address o
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasurer of the committee, assistant treasurer). May Hourks HT: FlinHock Deive	311-[172]-[190] and the name and address of
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasurer of the committee, assistant treasurer). MCY Howks HI Flintlock Deive Shirley CITY STATE	and the name and address of

Telephone number

Agent

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of Bank, Depository, etc.

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	· .		CITY			STATE	ZIP CODE	
Name of Bank, Depository, etc								
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